## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PA · (Column 1)					(Colui	mn 2)	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			5				RATE	FEE	ſ	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			5 minus 20=		*		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*		X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT				+140=		OR	+280=		
* If the difference in column 1 is			less than zero, enter "0" in c			olumn 2	TOTAL		OR	TOTAL	_	
CLAIMS AS AMENDED - PART II										OTHER		
		(Column 1)		(Colui		(Column 3)	SMALL		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus	***	T CL AIM	=	X42=		OR	X84=		
	FINOT PRESE	NTATION OF MI	OLTIPLE DE	PENDEN	CLAIM		+140=		OR	+280=		
							TOTAL ADDIT. FEE		OR	TOTAL		
	(Column 1) (Column 2) (Column 3)									ADDIT. FEE		
AMENDMENT B	i de la companya de	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		+140=			+280=		
							TOTAL		OR	TOTAL		
							ADDIT. FEE	L	OR	ADDIT. FEE		
		(Column 1)			ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	IT CLAIN		.440		1	.200		
*	If the entry in calu	ımn 1 is less than t	the entry in co	lumn 2. wri	te "0" in co	olumn 3.	+140=		OR	+280=	<del>   </del>	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
i	ine "Highest Nur	mber Previously Pa	aid For" (Total	or indepen	aent) is th	e nighest numbe	er tound in the ap	propriate bo	X IN CO	lumn 1.		